PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifical	ed below or directed oth	ng the nerwise	Patent, advance of in Block 1, by (a	rders and notification of a) specifying a new con	of main	ntenance fees v ndence address	vill be : ; and/or	mailed (b) in	to the current c dicating a separa	orrespo te "FE	ondence address as EE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. EFS—Web						
25235	7590 11/04	/2009			ia vo res				EFS		b	
HOGAN & HA				I	hereby	y certify that th	is Fee(s) Tran	smittal is being	leposit	ed with the United	
ONE TABOR CENTER, SUITE 1500 1200 SEVENTEENTH ST						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for Tails 1823 1821 in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below						
DENVER, CO 8	tı	transmitted to the USPTO (5/1) 273-2885, on the date indicated below.										
<i>DBI</i> (1214, 00 00202					Julie bange					(Depositor's name) (Signature)		
						1 Terriam 2010				(Date)		
APPLICATION NO.	ION NO. FILING DATE			FIRST NAMED INVENTO	OR				Y DOCKET NO. CONFIRMATION NO.			
10/540,792			<u> </u>						2020145118		9271	
TITLE OF INVENTION: MULTIMODE RECEIVER				Dominique Brunel FR020145US						9271		
TITLE OF INVENTION.	: MOLTIMODE RECEI	VEK										
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE DU	E PREV. PAID ISSUE		E FEE TOTAL FEE(S) DU		AL FEE(S) DUE	DATE DUE		
nonprovisional	NO		\$1510	\$300		\$0		\$1810		02/04/2010		
EXAMINER		ART UNIT		CLASS-SUBCLASS	7							
HA, DAC V			2611	375-130000								
Change of corresponde		2. For printing on the	e naten	at front page. li	p.f	 -			· · · · · · · · · · · · · · · · · · ·			
CFR_1.363).			`	(1) the names of up	to 3 r	registered pater		eys	1William	J.	Kubida	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			Correspondence	or agents OR, alterna	•				₂ Peter J. Meza			
☐ "Fee Address" indication (or "Fee Address" Indication PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Number is required.			ition form	registered attorney of	single firm (having as a member a ror agent) and the names of up to attorneys or agents. If no name is all be printed.				3Hogan & Hartson LLP			
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	тов	E PRINTED ON T	THE PATENT (print or	type)							
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi i in 37 CFR 3.11. Comp	fied be letion	low, no assignee of this form is NO	data will appear on the Γ a substitute for filing a	paten an assi	it. If an assign	ee is id	entifie	d below, the doc	ument	has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)												
ST-Ericss	on SA	Geneva, Switzerland										
Please check the appropri	ate assignee category or	catego	ries (will not be pri	inted on the patent):	☐ Ind	lividual 🚨 Co	orporatio	on or o	ther private grou	p entity	Government	
4a. The following fee(s) a	re submitted:		4b	. Payment of Fee(s): (P	lease fi	irst reapply a	ov previ	iously	paid issue fee sh	own a	bove)	
Issue Fee	A check is enclosed.											
Publication Fee (No	Payment by credit card. Form PTO-2038 is attached.											
☐ Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1123 (enclose an extra copy of this form).											
5. Change in Entity State	us (from status indicated	above										
	SMALL ENTITY statu			b. Applicant is no le								
NOTE: The Issue Fee and interest as shown by the second	Publication Fee (if requestords of the Upited State	ired) v es Pate	vill not be accepted and Phademark	from anyone other that Office.	n the a	pplicant; a regi	stered a	ttorney	or agent; or the	assigne	e or other party in	
Authorized Signature _	X		eldo			Date			lion	20	06	
Typed or printed name	William J.	Kubi	ida	·		Registration N	ю. (29	,664	· /	. <u>-</u> .		
This collection of informa an application. Confidenti submitting the completed his form and/or suggestion	ation is required by 37 Clality is governed by 35 application form to the ons for reducing this burners.	FR 1.3 U.S.C. USPT den, sh	11. The informatio 122 and 37 CFR 1 D. Time will vary ould be sent to the	n is required to obtain of 1.14. This collection is depending upon the ince Chief Information Offi	or retain estimat dividua icer, U	n a benefit by t ted to take 12 r al case. Any co J.S. Patent and	he publi ninutes mments Tradem	c whice to come on the ark Of	h is to file (and baplete, including amount of time fice, U.S. Depart	y the Ugatheri you re ment o	JSPTO to process) ng, preparing, and equire to complete of Commerce, P.O.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.